

UMP Preferred Drug List Changes (applies to UMP Classic and UMP CDHP)

Effective January 1, 2015

This is a list of anticipated changes to the *UMP Preferred Drug List* effective January 1, 2015. This list applies to both UMP Classic and UMP CDHP members; however, tier listings are not applicable to UMP CDHP cost-shares. While we have made every effort to include all changes anticipated for January 2015, changes such as (but not limited to) the release of new generic drugs could result in additional tier level or other changes not listed here. For questions, please contact Washington State Rx Customer Service at 1-888-361-1611.

Drug Name	2014 Status	Effective January 1, 2015
Tier changes		
Avonex® (interferon beta-1b)	Tier 2 Specialty	Tier 3 Specialty
Betaseron® (interferon beta-1b)	Tier 3 Specialty	Tier 2 Specialty
Raloxifene (generic)	Tier 1	Preventive list for females (\$0 coinsurance)
Tamoxifen citrate (generic)	Tier 1	Preventive list for females (\$0 coinsurance)
Quantity level limit changes		
Dexedrine® (dextroamphetamine sulfate) Capsule ER (5mg)	No quantity limit	Quantity limit of 60 capsules per 30 days
Dexedrine® (dextroamphetamine sulfate) Capsule ER (10mg, 15mg)	No quantity limit	Quantity limit of 120 capsules per 30 days
Kapvay® (clonidine) Tablet ER 12hr (0.1mg)	No quantity limit	Quantity limit of 120 tablets per 30 days
Methylin® (methylphenidate) Oral solution (5mg/5ml)	No quantity limit	Quantity limit of 1800 mL per 30 days
Methylin® (methylphenidate) Oral solution (10mg/5ml)	No quantity limit	Quantity limit of 900 mL per 30 days
Methylin® ER (methylphenidate ER) Tablet (10mg, 20mg)	No quantity limit	Quantity limit of 90 tablets per 30 days
methylphenidate SR Tablet (20mg)	No quantity limit	Quantity limit of 90 tablets per 30 days
ProCentra® (dextroamphetamine sulfate) Oral solution (5mg/5ml)	No quantity limit	Quantity limit of 1200 mL per 30 days
Strattera ® (atomoxetine) Capsule (60mg, 80mg, 100mg)	Quantity limit of 60 capsules per 30 days	Quantity of 30 capsules per 30 days